

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	53					
TOTAL CLAIMS	56					

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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

12
+ 4

16
98

53